

3000007601 3/4/13

State of New Mexico  
Voucher Batch Report  
BusinessUnit 66500 Department of Health  
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DPA/FCD  
AsOfDate 02/26/2013  
Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount  
Number Line Line# Description

00327027	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06105	ADAMS RICH-001	2013	02	0000098379	Adams, R. 2.18-2	570.00
Total For Voucher												570.00

NS

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Invoice Number: Adams, R. 2.18-2.22.13

Voucher ID: 00327027

Invoice Date: 02/25/2013

Voucher Style: Regular

Total: 570.00

Vendor: ADAMS, RICHARD B

\*Pay Terms:

Pay Now

Schedule Payments

Saved


RUIDOSO PUBLIC HEALTH OFFICE  
RUIDOSO, NM 88345

Payment Information

Scheduled Payment: 1

\*Remit to: 0000097303 

Gross Amount: 570.00 USD

Location: 001 

Discount: 0.00 USD Discount Denied

\*Address: 1 

Late Charge

ADAMS, RICHARD B  
RUIDOSO PUBLIC HEALTH OFFICE  
103 KANSAS CITY RD  
RUIDOSO, NM 88345

Scheduled Due: 02/25/2013 

Net Due: 02/25/2013

Discount Due:

Accounting Date:

Payment Method  
\*Bank: WFB10

\*Account: B Pay Group: RE

\*Method: ACH ACH \*Handling: N 

\*Netting: N  Messages

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 2.18-2.22.13  
Voucher ID: 00327027 Invoice Date: 02/25/2013  
Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher Close Voucher  
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

\*Accounting Template: STANDARD  Account At: Gross

Match Action

\*Status: Ready  
☐ Pay UnMatched Voucher

Transaction Currency

\*Source: Tables \*Currency: USD  Rate Type: CRANT  Exchange Rate: 1.00000000

Voucher Approval

\*Approval: Specify at this Level Business Process: PROCESS\_VOUCHERS   
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

\*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

PAGE	1	DATE	2/25/2013
AGENCY	66666	VOUCHER NUMBER	0033

NAME		CAR LICENSE NUMBER		POST OF DUTY		PROPOSED	
Richard Adams		SG-1984		Ruidoso		(ADVANCE VOUCHER)	
VENDOR NUMBER		MODEL		RESIDENCE		ACTUAL	
97303		Nissan		Ruidoso		(RECOUPMENT VOUCHER)	
REG. WORK DAY		YEAR		MILES		AMOUNTS	
8:00 AM THRU 5:00 PM		2011		0		135.00	
DATE		TIME: SHOW AM OR PM		ENTER START & FINISH		NO. OF MILES	
2/18/2013		6:00am		0.00		135.00	
2/19/2013		6:00am		0.00		135.00	
2/20/2013		6:00am		0.00		135.00	
2/21/2013		6:00am		0.00		135.00	
2/22/2013		6:00pm		0.00		30.00	
Per Diem is Based on (Check One)		I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.		TOTALS		0	
ACTUAL EXPENSES				ADVANCE AMOUNTS		0.00	
APPROVED RATES		X		ADJUSTED REIMBURSEMENT		570.00	
Employee signature		Date		TOTALS		0	
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.				ADVANCE AMOUNTS		0.00	
ADJUSTED REIMBURSEMENT				TOTALS		570.00	
I, Richard Adams		(TYPE PAYEE NAME)		TOTALS		570.00	
100 SOLIDLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COMPLEES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT				TOTALS		570.00	
PAYER SIGN HERE:		Date		TOTALS		570.00	

**New Mexico Department of Health  
Travel and Training Request Form**

<b>Employee Information</b>	<b>Employee Name:</b>	Richard Adams	<b>Position:</b>	CMO
	<b>Department ID and Fund:</b>	6001001000	<b>Telephone:</b>	505-629-7496
	<b>Post of Duty:</b>	Ruidoso	<b>Residence:</b>	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> <b>Check if state vehicle</b>	<input type="checkbox"/> <b>Check if personal vehicle</b>	<b>License #:</b>	GS1984
	<b>Year:</b> 2011	<b>Make:</b> Nissan	<b>Model:</b>	Altima

<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.			
	<b>Course Name:</b>	Meetings in Santa Fe for emergency Governing Boards & credential meeting		
	<input checked="" type="checkbox"/> <b>Check if training is required</b>	<input type="checkbox"/> <b>Check if Continuing Education credits will be granted</b>		

<b>Travel Information</b>	<b>Date of Request:</b>	02/15/13	<b>Destination:</b>	Santa Fe						
	<b>Departure Date:</b> (month/day/yr)	02/18/13	<b>Time:</b>	06:00	AM	<b>Return Date:</b> (month/day/yr)	2/22/13	<b>Time:</b>	06:00	PM
	<input checked="" type="checkbox"/> <b>In-State</b> <input type="checkbox"/> <b>Out-of-State</b> <input type="checkbox"/> <b>Training</b> <input type="checkbox"/> <b>Time Only</b> <input type="checkbox"/> <b>*Actuals</b> <input type="checkbox"/> <b>No cost to State/Paid By:</b>									

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 1-20-13  
Employee Signature Date

\_\_\_\_\_  
Supervisor/Bureau Chief Signature Date

\_\_\_\_\_  
Division Director/Hospital Administrator  
(As per specific division requirements) Date

  
Cabinet Secretary Signature  
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) Date